



City and County of Norwich

REPORT

OF THE

School Medical Officer

TO THE

Education Authority

FOR THE YEAR 1933

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Norwich Education Authority.

ANNUAL REPORT OF THE SCHOOL
MEDICAL OFFICER.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the annual report of the School Medical Service for the year ending December 31st, 1933. As in previous years the arrangement is in accordance with the suggestions of the Board of Education.

The infectious diseases receive comment on pages 29-34.

The report on the recently started Ear Clinic is of considerable interest, and will be found on pages 18-24, but we have not yet been able to make any further enlargement of this work to cover more of the City, which is regrettable. Moreover, no additional dentist has yet been appointed.

Again I should like to draw the Committee's attention to the question of Playground Classes and Open Air work generally, discussed on pages 34-35.

At the latter end of 1933, the Committee decided that the time was due to take more drastic steps with regard to the children affected with head vermin, and arrangements are being made but are not yet in force. It was considered absurd that after so many years of alleged civilisation there should be any of this minor but troublesome and disgusting nuisance left in the City at all, and now that such a large proportion of our population has been moved to houses with every cleansing facility there can be no justification for tolerating it any longer.

I should like to draw attention to a point in the breathing exercises taught to school children, and this seems a suitable place. For very many years, in teaching children breathing exercises, it has always been the custom to teach them to breathe in through their noses and out through their mouths. Personally, I cannot understand the physiology of teaching them to breathe out through their mouths. Presumably noses were designed to be used in both directions. It is possible that the habit of breathing out through the mouth arose when unpleasant results might have occurred from large groups of people who could not provide themselves with handkerchieves, such as bodies of troops and classes of poor school children, blowing out vigorously from their noses. Nowadays, however, practically all children are provided with a handkerchief of some sort, and they should be taught, while doing breathing exercises, to breathe out through their noses and not through their mouths. The difficulty of getting children to keep their noses clear is notorious, and, to my mind, probably accounts for a large proportion of the habitual mouth breathing which is such a common feature amongst the population at large. I

would make a request to Physical Trainers and School Teachers who teach breathing exercises to pay attention amongst their pupils to this small detail, which will do much good.

I have again to thank the Secretary for Education for supplying me with reports on those subjects, the administration of which he controls, and also for his continued and pleasant co-operation. I also desire to renew my thanks to the members of the Education Committee for their support, to the teachers, to the Staff of the Education Department, and to my own Staff, for all the assistance they have willingly rendered throughout the year.

I have the honour to be,

Your faithful servant,

V. F. SOOTHILL.

March 1st, 1934.

(1) STAFF OF THE PUBLIC HEALTH AND SCHOOL MEDICAL SERVICES, 1933.

PERMANENT WHOLE TIME OFFICERS.

- V. F. SOOTHILL, M.A., M.D., B.Ch. (Cantab.), D.P.H., M.R.C.S. (Eng.),
L.R.C.P. (Lond.).
Medical Officer of Health and School Medical Officer;
Medical Superintendent, Isolation Hospital;
Adm. Tuberculosis Officer, and Adm. Maternity and Child Welfare Officer.
- G. L. LEGGAT, O.B.E., M.B., Ch.B. (Ed.), D.P.H.
Deputy Medical Officer of Health.
- G. W. RIDDEL, M.C., M.B., Ch.B. (Aber.), D.P.H.
Assistant School Medical Officer and
Assistant Medical Officer of Health.
- MISS M. BOW, M.B., Ch.B. (Ed.), D.P.H.
Assistant Medical Officer of Health and
Assistant School Medical Officer.
- R. B. BOSTON, M.B., Ch.B., F.R.C.S. (Ed.), D.P.H.
Clinical Tuberculosis Officer, Assistant Medical Officer of Health and
Assistant School Medical Officer.
- MISS R. O. MORRIS, M.D., Ch.B. (Ed.), D.P.H.
Assistant Medical Officer of Health and
Assistant School Medical Officer and
Resident Medical Officer, Isolation Hospital.
- MISS M. KEITH, M.B., Ch.B. (Ed.), D.P.H.
Assistant Medical Officer of Health and
Assistant School Medical Officer.

PART TIME OFFICER.

- G. MAXTED, M.D. (Lond.), F.R.C.S. (Eng.).
Ophthalmic Surgeon, three sessions each week.

DENTAL OFFICERS (Whole Time).

- C. R. KNOWLES, L.D.S. (Leeds), School Dental Officer.
- G. S. WILLIAMS, L.D.S. (Eng.), Assistant School Dental Officer.

HEALTH VISITORS AND SCHOOL NURSES.

- 9 Health Visitors and School Nurses.
- 1 Tuberculosis Visitor and School Nurse.
- 2 Nurses engaged in the Dental and Minor Ailments Clinics.

CLERICAL STAFF.

- 14 Clerks—2 engaged wholly and 4 partially on Education Work.
- 1 Clerk Attendant in the Dental Clinic.

(2) **Co-ordination.**—The whole of the Public Health Staff is co-ordinated in and directed from the office of the Medical Officer of Health. Dr. G. W. Riddel, who has attended alternate meetings of the Education (Sub) School Attendance and Physical Care Committee, has carried out more school medical inspections than any of the other Medical Officers, each of whom devotes part of his or her time to this branch of the service.

The School Nurses also act as Health Visitors and the visitation of mothers and infants is carried out by these Officers. Infant Welfare Centres were conducted as under :—

Martineau Hall, Colegate,	Tues. & Fri. afternoons.
The Methodist Hall,	Monday afternoons.
Southwell Road	
St. Barnabas' Parish Hall,	Tuesday mornings.
St. Julian's Parish Hall,	Wednesday mornings.
St. Matthew's Parish Hall,	Wednesday afternoons.
Catton Church Room,	Thursday mornings.
Eaton Parish Room,	Thursday afternoons.
St. Catherine's Hall,	Friday mornings.

A Medical Officer was present on each day. Infants whom the Medical Officers think need treatment for defective vision are seen, if the parents desire, at Churchman House by the Ophthalmic Surgeon; and children under 5 years of age suffering from ringworm can be treated at the Ringworm Clinic. Dental treatment in respect of expectant and nursing mothers and infants is carried out by the School Dentists at the School Dental Clinic. Orthopædic treatment and surgical appliances for children under 5 years of age are provided, the cost being borne, wholly or in part, by the Council where the financial circumstances of the

parents justify such a course. Treatment of discharging ears in children residing in a certain area is carried out by a Nurse on the recommendation of the Ear, Nose and Throat Specialist.

Fresh milk, dried milk and food, malt and oil, virol, etc., are granted in necessitous cases, either free or at part or whole cost according to the financial circumstances of the parents. The consideration of the question of providing a nursery school has been deferred for the present. 9374 visits were paid by the Health Visitors during the year to children between the ages of 1 to 5 years, and 20,200 attendances were made at the Infant Welfare Centres by children of these ages.

(3) **School Hygiene.**—The hygienic conditions of the Schools in the City are fairly satisfactory; and the average standard has improved somewhat as one of the older schools was closed during the year. There are still some of the older schools which, as is to be expected, leave much to be desired in respect of surroundings, playground accommodation, ventilation, lighting and cloak-room accommodation. The more modern schools, which accommodate the bulk of the children, are more satisfactory—the cloakroom accommodation in most of them is adequate, and in many there is provision for the drying of clothes. All but one of the schools have electric light.

The closets are of the flush variety and generally satisfactory. Equipment in the more modern schools is good and adequate. Heating is provided by open fires, stoves, hot water piping, and in two special schools, by a system of general underfloor radiant heating. Up-to-date drinking arrangements have been installed in almost all the schools.

Paper Towels are being increasingly used in the schools and the Committee's laundry bill for towels, pillow cases in Infants' Schools, book bags, etc., is increasing steadily year by year, showing a thoroughly praiseworthy educational effort towards cleanly conditions and habits amongst the scholars on the part of the teaching staff. The amount of soap issued on demand to the Head Teachers without stint, though increasing, is still surprisingly small. The reason for this is that Head Teachers are using their utmost endeavours to get children to come to school clean, *i.e.*, to do as much necessary washing at home as possible. This entirely desirable practice is, of course, especially possible where the facilities of the new Council houses are available. However, if the proper habit of hand-washing after the use of the w.c. were being taught and enforced in the schools (which is a hygiene lesson of first-class importance), the amount of soap demanded would probably go up.

It is high time to pay tribute to the marvellous results of the patient persistence and steady effort of the teaching profession since the start of national education in the improvement of cleanliness and habits among the population of the elementary schools. To those who remember conditions in the earlier days the change is wonderful and, while many forces have combined towards this result, the teaching profession has taken a leading place. The result is that even in the "worst" schools very few of the children are entirely unpresentable and the great majority now are pleasant little personalities. However, the teachers might well go one step further in assisting Public Health by ingraining the above cleanly habit in the minds of their pupils, and even for this end alone encourage the greater use of soap. Moreover, another desirable encouragement to this end is the provision of some supply of hot water

for handwashing purposes in each department and this lack is specially felt in the Infant and Primary Departments.

The majority of the schools have asphalt playgrounds and, as far as that goes, are satisfactory. There are a few gravel playgrounds left. However, I should like to urge the desirability of having grass playgrounds, of such a size that the grass is not constantly trodden into mud, made round every school. The hard or gravel playgrounds are a very fruitful source of cuts, abrasions, and impetigo on knees, elbows and hands, which cause much loss of school attendance, quite apart from the psychological joy of playing on grass. It is realised that this is a very expensive desire which, in the older schools in the centre of the city, may be quite impracticable, but for the new schools being built on the outskirts of the city, where, perhaps, land is not quite so expensive as it is in the centre of the city, it might be possible to acquire sufficient before prices rise prohibitively.

With the exception of the Open Air School, including the school for mentally defectives, none of the schools is provided with a bath.

(4) **Medical Inspection.**—There are 30 Elementary Schools with 66 Departments, 2 Central Schools, and an Open Air School on the site of which is the Special School for Mentally Defectives. The total number of children attending these schools on December 21st was 18,393. There are two Secondary Schools and one Junior Technical School, with 1152 and 110 scholars respectively. Every effort is made to notify the Head Teachers one week beforehand of the intention to conduct medical inspections at the schools,

and on the days appointed a Medical Inspector attends and examines the children systematically. A School Nurse precedes him and usually has a number of children weighed and measured when the doctor arrives. Parents are encouraged to attend the inspections. At some schools the examinations have to be held under trying conditions, due to lack of adequate rooms, etc.

The age groups of the children inspected are those set out in the Board's Schedule of medical inspection, and, in addition, the age groups 10-11 and 13-14 were included. The inclusion of these age groups is very desirable, and I shall be glad to extend these arrangements as soon as an opportunity is afforded.

The numbers of children who were examined at the Elementary Schools during the year in the various groups are as under :—

		<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>
Entrants	...	1028	1115	2143
Intermediates				.
(8 years)	...	844	794	1638
Leavers	... ..	1082	902	1984
Other Groups :—				
10-11 years	...	965	1024	1989
13-14 years	...	620	750	1370
Miscellaneous		9	10	19
<hr/>				
TOTALS	...	4548	4595	9143
<hr/>				

(5) **Findings of Medical Inspection.**—Facts disclosed by Medical Inspection.

ELEMENTARY SCHOOLS.

Defect or Disease.	Routine Inspections.	"Specials" at School or Clinic.	Total Defects.	Referred for Treatment.
Uncleanliness :				
Head	168	225	393	393
Body	34	2	36	36
Minor Injuries, Septic Sores, etc.	18	1350	1368	1367
Tonsils and Adenoids ...	318	390	708	312
Other Diseases of the Nose and Throat	97	805	902	860
Pulmonary Tuberculosis :				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary Tuberculosis	1	12	13	13
Skin Disease	98	963	1061	1056
External Eye Disease ...	60	401	461	455
Vision and Squint	680	524	1204	998
Ear Disease and Hearing ...	109	369	478	448
Dental Diseases	36	201	237	225
Crippling Defects, Deformities, etc.	101	74	175	143
Malnutrition	133	164	297	288
Enlarged Cervical Glands (Non- Tuberculous)	37	289	326	291
Defective Speech	31	23	54	21
Heart & Circulatory Diseases	168	121	289	233
Bronchitis	85	96	181	160
Other Non-Tuberculous				
Diseases of the Lungs ...	19	137	156	149
Diseases of the Nervous System	91	154	245	202
Other Defects and Diseases ...	393	1744	2137	1934

(6) **Following Up.**—The names of children who are found to need medical attention at the Inspections are handed to the School Nurses, who visit the cases to give advice and to see that treatment is obtained. Occasionally they have met parents who do not realise the importance of seeking medical advice for their children; in these cases my procedure has been to seek

the co-operation of the Inspector for the Prevention of Cruelty to Children, to whom my thanks are due for his ready assistance.

During the year 61 cases were referred by the School Attendance Officers or myself to him for the undermentioned reasons :—

Children with defective vision or cases in which parents refused to obtain spectacles	25
Cases of neglect	13
Children with dirty heads or verminous	9
Children with ear trouble	3
Children with enlarged tonsils and adenoids... ..	3
Children with epilepsy, flat feet, impetigo, incont- inence, keratitis, malnutrition, suspected diphtheria (one each)	7
Refusal to contribute towards cost of surgical boots ...	1
	—
TOTAL	61
	—

During the year the School Nurses paid 2052 visits to these Medical Advice cases.

(7) **Arrangements for Treatment.**—Minor Ailments are treated at Churchman House each morning. Children whom the Medical Inspectors think need treatment for defective vision have been seen by the Ophthalmic Surgeon on three mornings each week. Ringworm Clinics have been conducted once a week, but with the diminishing number of cases, it is now possible to allocate part of the session to other purposes. The operative treatment of tonsils and adenoids in children is carried out at the Norfolk and Norwich and Jenny Lind Hospitals. Children needing this treatment were given orders for admission to these Hospitals, where they can stay for 24 hours or longer, if necessary. Dental Clinics are conducted daily at Churchman House.

Children with discharging ears, who attend schools within a limited area, have been examined at Churchman House by Mr. N. S. Carruthers, F.R.C.S.,

Ear, Nose and Throat Specialist. Treatment has been carried out at school daily (Saturdays and Sundays excepted) by one of the School Nurses. A record of the work done since the inception of the scheme in November, 1932, is shown on pages 18-24. As Mr. Carruthers is the Senior Honorary Specialist at the Norfolk and Norwich and Jenny Lind Hospitals, closer co-operation in this respect will in future be possible.

Suitable cases of crippling defects are sent to Hospital or Residential Cripple Schools; parents are asked to contribute according to their financial circumstances.

The Medical Inspectors on re-visiting the Schools are specially directed to have children, who previously have been referred for treatment, brought forward for re-inspection so that the results of treatment can be observed and recorded.

The Invalid Children's Aid Association did valuable work in connection with the provision of treatment for children suffering from Crippling Defects, Anæmia, Debility, etc. In cases where surgical boots, etc., are necessary for Crippling Defects the Secretary arranges for measurements to be taken and estimates obtained. The cases are referred to the Education (Sub) School Attendance and Physical Care Committee, who decide whether or not the parents should contribute. In the event of the parents being asked to contribute the Secretary for the Association collects the contributions, which are handed over to the Education Committee. The Secretary also takes an active part in the making of arrangements for the admission of children to hospital. During the year 51 cases of providing children of school age (49 Elementary and 2 Secondary) with surgical boots and appliances for Talipes, Infantile Paralysis, Club Feet, Flat Feet and Spinal Curvature were dealt with through the Association. 261 (259 Elementary and

2 Secondary) cases of school age were provided with Malt & Oil, Virol, &c., either free or at part or cost price. Arrangements were made for 122 (121 Elementary and 1 Secondary) children of school age to be admitted to convalescent homes for Anæmia, Debility, etc., and for 25 Elementary School children to stay in the country. A contribution of £25 per annum is made by the Education Authority to the Association.

Arrangements for the treatment of children by artificial sunlight have not been made by the Authority.

The following are the results obtained by the end of 1933 :—

Defect or Disease	Referred for Treatment during 1933 and Treated	Cured	Referred for treatment previously but treated during 1933	Cured	Total Defects Treated	Total Defects Cured
Minor Injuries, Septic Sores, etc. ...	1366	1347	33	31	1399	1378
Tonsils and Adenoids ...	201	201	50	50	251	251
Other Diseases of the Nose and Throat ...	813	777	19	17	832	794
Tuberculosis :—						
Pulmonary—Definite	—	—	5	—	5	—
Suspected	—	—	—	—	—	—
Non-Pulmonary ...	13	—	35	—	48	—
Skin Diseases ...	1016	928	113	91	1129	1019
External Eye Diseases...	427	356	65	44	492	400
Vision and Squint ...	897	481	70	37	967	518
		(Glasses prescribed)		(Glasses prescribed)		(Glasses prescribed)
Ear Disease and Hearing	388	296	89	39	477	335
Crippling Defects, Deformities, etc. ...	98	18	118	19	216	37
Malnutrition ...	247	54	264	74	511	128
Enlarged Cervical Glands (Non-Tuberculous) ...	282	243	43	27	325	270
Defective Speech ...	8	—	15	4	23	4
Bronchitis ...	139	54	83	39	222	93
Other Non-Tuberculous Diseases of the Lungs	147	111	41	15	188	126
Heart and Circulatory Diseases ...	181	61	155	79	336	140
Diseases of the Nervous System ...	168	47	117	48	285	95
Other Defects & Diseases	1817	1344	502	281	2319	1625

It was known that 8 children were operated on for Mastoid Diseases and 13 for Squint.

RINGWORM CLINIC.

No. OF CASES TREATED.

				Local Authority.	Otherwise.	Total.
Ringworm—Scalp		...	...	40	—	40*
Body		...	...	37	5	42†

*Includes 22 cases continuing treatment from previous year.

†Includes 37 cases seen at the School Clinic.

17 new cases (5 girls and 12 boys) of Ringworm of the Scalp were referred for treatment. 8, or 47%, were of the age of 6 years or under. To this number must be added one child attending the Clinic in 1932, being then below school age but reaching school age in 1933 while still attending the Clinic. 33 cases of Ringworm of the Scalp were declared cured, 14 by ointment and 19 by X-ray treatment.

In addition to and not included in the above figures, 8 cases under the age of 5 years were treated, of whom one girl was a new case. All these cases are continuing treatment. The total number of cases of Ringworm of the Scalp at the end of the year was 7, excluding 8 cases under the age of 5 years, and who have never attended school.

From the following comparative figures for recent years it will be seen that the number of children suffering from this disease has been greatly reduced.

		No. of New Cases	No. of Cases from previous Year	Left City in 1928 & returned in 1929	Total Treated in Year	Cases declared Cured		
Year						By X-Rays	By other Methods	Total Cured
1923	...	200	153	—	353	4	209	213
1924	...	176	140	—	316	2	189	191
1925	...	149	125	—	274	2	141	143
1926	...	197	131	—	328	7	130	137
1927	...	171	191	—	362	54	90	144
1928	...	88	218	—	306	99	111	210
1929	...	45	85	3	133	53	47	100
1930	...	47*	34†	—	81	44	11	55
1931	...	37*	23	—	60	24	6	30
1932	...	32*	28	—	60	26	11	37
1933	...	18*	22	—	40	19	14	33

*Includes the children who attained the age of 5 years.

†Includes one return case.

Some schools were specially visited following cases of Ringworm. Practically all Ringworm contacts in the same family have been examined throughout the year.

Dr. Levack, D.M.R.E., attended at Churchman House as occasion demanded and treated during the year 14 school children, one of the School Nurses assisting him.

There are, and have been for years, certain cases of Ringworm of the Scalp in children of varying ages in the Public Assistance Infirmary. Of these the cases which have been referred to the Ringworm Clinic for treatment have been included in the above figures, but a considerable number have not been so referred. At the end of the year there were six cases—two of school age and four under—in this Institution who are not included in the figures given above.

I may point out that there is a tendency on the part of some of the parents to conceal the existence of this and other diseases. In connection with Ringworm, one is dependent on the thoroughness of medical inspection and vigilance of Teachers and Nurses for discovering such cases, and I can say that much valuable work has been done.

One case was treated by X-rays during the year for the County of Norfolk.

SCHOOL CLINIC.

The following is a summary of the defects treated and the results attained :—

Disease.				No. of Children Treated.	Cured.
Ringworm of the Body	...	...	...	37	37
Scabies	...	...	...	30	30
Impetigo	...	...	...	280	269
Other Skin Diseases	...	...	...	584	553
Minor Eye Defects (Conjunctivitis, Blepharitis, Styes, etc.)	...	...	...	349	309
Ear Defects (Wax, Otorrhoea, Boils, etc.)	...	...	...	232	201
Enlarged Glands	...	...	...	39	39
Defects of the Nose and Throat	...	...	...	109	107
Miscellaneous (Minor Injuries, Bruises, Sores, Chilblains, etc.)	...	...	...	1316	1302
Other Defects and Diseases	...	...	...	56	55

TREATMENT OF DISCHARGING EARS.

The following is the report on the treatment of discharging ears in children since the inception of the scheme in November, 1932. The fact that a single nurse was available has only permitted treatment to be given to children attending certain schools, but children under 5 years of age, not attending any school, have been examined irrespective of their place of residence, and the treatment has been carried out by the Special School Nurse and the Cavell Nurses. The routine treatment of the school children, consisting of thorough syringing of the ear with sterile water or lotion, drying with the aid of the auroscope followed by the use of spirit drops, has been carried out in the schools daily by the School Nurse (Saturdays and Sundays and occasions when the Clinic has been held excepted). Other forms of treatment have been carried out on the instructions of the Ear Specialist. Whilst under treatment by the Nurse, the children have been seen by the Specialist approximately every six weeks.

Arrangements for keeping the children under the Specialist's periodic revision after discharge from the Clinic are made. Mr. Carruthers, F.R.C.S. (Ed.), the Ear, Nose and Throat Specialist, attended at the Clinic on 19 occasions, the first being on November 29th, 1932.

165 school children and 24 children under 5 years of age who do not attend any school have been examined. The cases have come to our notice through various agencies, viz., the School Medical Staff, Head Teachers, Infant Welfare Centres and Public Assistance District Medical Officers' lists. The school children attended schools as under :—

Philadelphia	...	11	St. Saviour's	...	7
Bull Close	...	24	St. Paul's	...	5
Nelson Street	...	19	The George White	...	5
Heigham Street	...	9	Mile Cross	...	19
St. Augustine's	...	14	Wensum View	...	10
Dowson	...	12	Thorpe Hamlet	...	1
Willow Lane	...	9	St. Giles'	...	1
Girls' Model	...	1			
Avenue Road	...	1	Total	...	165
Angel Road	...	17			

These children were submitted for examination for the following defects :—Discharging Ears 149, Deafness 11, Ear-ache 5.

The School Nurse has not attended all these schools daily. In some cases the children have gone from their own school to a neighbouring one for treatment. It will be realized that all these schools are grouped in approximately one quadrant of the City.

Children with Discharging Ears. Of the 149 children examined for this defect, treatment at school by the Nurse was recommended in 95 cases; treatment was not deemed necessary in 32 cases, there being no discharge. In the remaining 22 cases, miscellaneous treatment was recommended.

The table on pages 22-23 shows the results in the 95 cases which received treatment by the School Nurse, but in considering this it should be noted that 23 of the children also had other forms of treatment as under :—

Other forms of treatment received in addition to treatment by School Nurse.	No. of Cases.	Condition at end of year, 1933.
Removal of Tonsils and Adenoids	10	Discharge ceased.
Removal of Tonsils and Adenoids	3	Discharge continuing. 1 boy was transferred to the City of Norwich School, in conse- quence of which he had to go to the Jenny Lind Hospital for treatment.
Removal of False Membrane ...	1	Discharge continuing.
Schwartz Mastoid Operation ...	1	Discharge ceased.
Removal of Tonsils and Adenoids and provision of meals by Education Authority ...	1	Discharge ceased but recurred, and was continuing.
Removal of Tonsils and Adenoids and provision of extra nourish- ment (milk)	1	Discharge continuing.
Provision of meals by Education Authority	5	Discharge ceased.
Mastoid Operation	1	Discharge continuing.
Total ...	23	

In conjunction with the treatment by the Nurse, an operation for mastoid was also recommended in another case, but at the end of the year the parents had not given consent.

The results known at the end of the year in the 22 cases for which miscellaneous treatment was recommended and carried out are as follows :—

Treatment recommended.	No. of Cases.	Condition.
Mastoid Operation	2	Discharge ceased.
Mastoid Operation	1	Treatment refused.
Removal of Tonsils and Adenoids	7	Discharge ceased.
Removal of Tonsils and Adenoids	2	Too recent for report.
Removal of Tonsils and Adenoids	2	Operations refused.
Removal of Adenoids	1	Complains of deafness.
Removal of Tonsils and Adenoids	1	Private practitioner advised against operation for the present as child is suffering from boils.
Removal of Tonsils and Adenoids	1	Operation refused; child now goes to a private school.
Treatment for cracked ear	1	Treatment to continue.
Dental treatment	1	Treatment received but result not known—child did not attend Clinic for re-examination.
Dental treatment and removal of debris from cerumen	1	Ears normal.
Breathing exercises and wax to be removed	1	Too recent for report.
Treatment for Nasal Sinuses and Antral Suppuration	1	Too recent for report.
Total	22	

Of the 95 children who received treatment in the schools by the Nurse, there was no discharge in 74 cases at the end of 1933. In 35 or 47.3% of these 74 cases it was learned that the discharge had been present for periods varying from 1 year to 12 years. In 13 or 37.1% of the 35 cases mentioned above, the ears were known to be still dry after periods varying from 2 months to 10 months, although one boy had attended the Jenny Lind Hospital in the meantime. In 6 known cases, the discharge ceased and recurred, but in 4 of these 6 cases the ear was dry at the end of the

RESULTS OF TREATMENT OF DISCHARGING EARS IN SCHOOL CHILDREN BY VISITING NURSE.

1	2	3			4	5	6	7	8
Duration of Discharge	Cases in which Discharge has ceased	1 mth.	2 mths.	3 mths.	5 mths.	6 mths.	7 mths.	8 mths.	10 mths.
		after a period of :—			Cases in which discharge re-curred but ears dry at the end of year	Cases in which discharge ceased but recurred	Ears still discharging at end of year including Col. 5	Treatment stopped. Mastoid operation refused	Left City
Since infancy (children now 12 years)	2	—	1	—	—	—	1	—	—
Since a baby (child now 10 years)	1	—	—	—	—	—	—	—	—
9 years	1	—	—	—	—	—	—	—	—
8 years	2	—	—	1	—	—	—	—	—
Since birth (child now 8 years)	—	—	—	—	—	—	1	—	—
7 years	1	—	—	1	—	—	—	—	—
Since infancy (child now 7 years)	1	—	—	—	—	—	—	—	—
6 years	1	—	—	—	—	—	—	—	—
5 years	3	—	—	—	—	—	—	—	—
4 years	—	—	—	—	—	—	1	1	—

year. These 4 cases are included in the above-mentioned 74.

Children with Deafness. Of the 11 children submitted for examination for deafness, treatment was deemed necessary for 9. Treatment was carried out in these cases with the following results :—

Treatment recommended.	No. of Cases.	Present condition.
Removal of wax	1	Ear Normal.
Removal of Tonsils and Adenoids	4	Hearing better.
Removal of Tonsils and Adenoids	1	No deafness.
Removal of Tonsils and Adenoids	1	Result not yet known.
Removal of left Inferior Ter- binate	1	Still very deaf.
Politzerisation	1	Hearing improved.

Children with Ear-ache. Of the 4 children referred for examination for ear-ache, only 1 needed treatment. In this case much debris was removed from the ear and in May the ear was satisfactory, a condition which still existed when the child was re-examined in December.

Children under 5 years of age. 24 children were submitted for examination. 16 were referred for treatment by the Nurse, and in 2 other cases the removal of tonsils and adenoids was recommended. 6 children needed no treatment. Of the 16 children who required treatment, 9 received it from the Cavell Nurses and 7 from the School Nurse. In 11, or 68.7%, of the 16 cases the discharge ceased; in 8 of these 11 cases the ears were known to be still dry after periods varying from 2 months to 9 months. The 5 still under treatment are recent cases.

In support of this work and in the endeavour to reduce the amount of ear disease following infectious diseases, the Health Committee has appointed Mr. N. S. Carruthers as the Visiting Ear Specialist to the Isolation Hospital, which he visits very frequently.

DENTAL INSPECTION AND TREATMENT.

Elementary Schools.—As in the case of medical inspection, every effort is made to notify Head Teachers one week beforehand of the proposed dental inspection. The Clerk Attendant accompanies the Dentist and appointments are made for those children requiring treatment. The School Dentist devoted 72 half days to the inspection of children in the schools and examined 5978 scholars—an average of 83 per session. 4350, or 72.8 per cent., were found to need treatment (in 1932, 73.4 per cent. were referred); 2003, or 46.0 per cent., of these attended at the School Dental Clinic for treatment (in 1932, 68.2 per cent. attended).

3228 children were sent to the Dental Clinic by the Medical Officers, Head Teachers, School Nurses, etc., for examination. In the opinion of the Dental Officers 3178 of these needed treatment and received it—the total number of Elementary scholars treated during the year being 5181. These made 9000 attendances.

11,003 teeth were extracted and 1269 rendered artificially sound. 4502 general anæsthetics for extractions were administered.

Secondary Schools.—Scholars attending these schools have not been submitted to inspection by the School Dental Officers. The Medical Inspectors have given the teeth the necessary attention and referred for treatment at the routine medical inspection 216 children, or 18.4 per cent. of the number examined.

During the year 207 scholars availed themselves of the facilities afforded at the School Dental Clinic, and paid 563 visits. 264 teeth were extracted and 223 teeth were rendered artificially sound. 140 general anæsthetics for extractions were administered.

WORK DONE IN THE DENTAL CLINIC DURING:—

	1933	1932	1931	1930	1929	1928	1927	1926	1925*
School Children.									
<i>(Elementary & Secondary)—</i>									
No. Examined at School	5978	4808	4741	5361	5275	5582	7465	8924	12740
No. Treated, including “specials”	5388	5717	6130	6422	5171	5191	6286	6870	6797
Total number of attend- ances at the Clinic ...	9563	9562	9875	9604	8168	8225	8984	8442	8324
No. of Teeth Filled ...	1492	1671	1270	1723	1601	942	858	992	4204
No. of Teeth Extracted	11267	11605	11584	10389	7866	7380	6797	5480	4697
No. of Administrations of General Anæsthetics ...	4642	4098	3874	3295	2394	2221	1988	1422	146
No. of Other Operations	799	760	1640	2929	3507	3289	3980	3896	2394

Maternity and Child Welfare.

Mothers.

No. Treated	219	245	289	236	191	164	68	45	11
Total number of Attend- ances at the Clinic ...	1108	1267	1331	959	884	605	—	—	—
No. of Teeth Extracted...	1460	1439	1527	886	1191	1318	—	—	—
No. of Teeth Filled and Other Operations ...	427	238	44	28	34	23	—	—	—
No. provided with Artifi- cial Dentures ...	101	104	108	84	71	66	22	14	8

No. of Administrations of General Anæsthetics ...	482	412	375	223	191	218	—	—	—
<i>Children under 5 years of age who attend no School.</i>									
No. Treated ...	253	203	186	132	86	61	27	28	7
Total number of Attend- ances at the Clinic ...	312	385	353	230	157	74	—	—	—
No. of Teeth Extracted...	605	516	507	312	218	170	—	—	—
No. of Other Operations	2	12	4	11	83	6	—	—	—
No. of Administrations of General Anæsthetics ...	288	240	206	140	73	49	—	—	—

Tuberculosis.

No. of Patients Treated	21	26	35	41	11	12	6	18	10
†Total number of Attend- ances at the Clinic ...	64	87	135	123	93	28	—	—	—
No. of Teeth Extracted...	106	69	131	104	54	20	—	—	—
No. of Other Operations	17	14	9	22	10	8	—	—	—
No. of Patients provided with Artificial Dentures	4	7	5	9	5	4	Nil.	7	4
No. of Administrations of General Anæsthetics ...	8	7	16	13	10	4	—	—	—

*For six months only so far as Maternity and Child Welfare and Tuberculosis schemes are concerned.

†Includes attendances on patients by visits of the Dental Officers to Institutions.

Children without appointments are seen at definite times. This arrangement has proved successful, in that it avoids congestion in the waiting room. Children who are found to have dental defects at the inspections carried out in the schools are given a dental letter which specifies the nature of the treatment recommended by the School Dental Officer, and asks for the parents' consent to such treatment being carried out. The letter must be signed by the parent before an appointment is given.

The tables on pages 26-27 show the work done in the Dental Clinic.

UNCLEANLINESS.

The School Nurses visit the schools periodically for the purpose of examining children for uncleanness. The parents of the children who are found unclean are informed and given instructions as to the best methods of effecting cleansing.

In no case was it necessary compulsorily to cleanse a child, but 31 children were cleansed by the School Nurses by voluntary arrangement. Head Teachers notify me of the names and addresses of any children they have had to exclude from school for uncleanness. These cases are visited by the School Nurses and are not re-admitted until certified fit by one of the Medical Officers. With a view to promoting cleanliness in the schools "Sacker Hygienic Combs" have been sold from my Office to parents at cost price or less, and some have been given free in necessitous cases.

During the year the School Nurses made 37,531 examinations of children in the Elementary Schools for uncleanness. 1319 children were found unclean.

The School Nurse paid 6 visits to the Girls' Secondary School, and made 1516 examinations for uncleanness. No case of uncleanness was found.

(8) **Infectious Disease.**—On the receipt of a notification of an outbreak of infectious disease in any dwelling, the children of the family are excluded from school, for such periods as are recommended by the Ministry of Health and the Board of Education in their Memorandum on Closure of and Exclusion from School, with the exception of Rubella and Chicken Pox. Re-admission to school in the case of notifiable infectious diseases is only permitted on the presentation of a certificate of fitness. If there arise suspicion that disease is spread in a class, for instance, that class is specially inspected; this procedure proves very successful, especially in dealing with Diphtheria. Reliance has to be placed to a great extent on Head Teachers to furnish lists of children who are suffering or suspected to be suffering from the non-notifiable infectious diseases, and these Officers, on the whole, do this promptly. If they realize that, in some cases, the schools are the sole source of reasonably reliable information, they will, without doubt, make every effort to assist in this matter. On receipt of these lists, the School Nurse visits and reports on each case and contacts. The Head Teachers and School Nurses are advised to submit doubtful cases for inspection, and the latter watch for ringworm when doing head inspections.

36 cases of Chicken Pox, 32 Diphtheria, 19 Scarlet Fever, 103 Mumps, 47 Whooping Cough, 4 Measles, and 3 Dysentery, were discovered at the School Clinic, or, in the case of Diphtheria, by the routine swabbing of contacts of school age. The cases of Dysentery were of the Flexner W. type, and were confirmed by stools and/or agglutination tests.

The Tables on pages 32-33 is a Summary of Cases of Infectious Diseases presumably spread or developing in Schools and of Contacts of such cases, excluded from School Attendance during the year ended December 31st, 1933, and is of interest as it gives a representation of the amount of school attendance lost through Infectious Disease and how much could be saved if these could be abolished. Except for the notifiable diseases these figures cannot be regarded as accurate.

Diphtheria. It will be seen from the table on pages 32-33 that the number of diphtheria cases notified in school children in 1933 was 80, with 150 contacts excluded.

For the first time there is included in the Table a Return of the number of diphtheria carriers. Some of these carriers are also contacts, and in order not to count the same children twice over the contacts who were carriers have been counted as carriers, not contacts. This has decreased the number of contacts actually shown in the Table. The number of cases is a welcome decrease on the number of cases notified in 1932. However, the number of deaths remain the same, namely 7, giving the high case mortality of 8.75 per cent., though even this compares favourably with the 10.4 per cent. of 1931. Of the 7 school children who died of this disease, 5 were from 10 to 12 years of age, and in several of them there was an unfortunate delay before the child received treatment. Nevertheless, the high case mortality shows that the disease continued to be of a rather virulent type; 4 of the 7 were boys and 3 girls. Crook's Place School suffered 3 deaths:—2 in the Primary, aged 10, and 1 in the Senior Girls, aged 12. There was 1 death in each of the following schools:—Mile Cross Primary; Bull Close Infants'; Avenue Road Primary; and Dowson Senior Girls'.

The most prominent schools in 1933 were:—The College (Primary Girls' and Infants), Colman Road and Crook's Place. Avenue Road, which had been prominent in 1931 and 1932, was practically free; Horn's Lane, which had 16 cases in 1932, was also practically free; and Wensum View, which had 13 in 1932, was quite free. Nelson Street and Surrey Road, with 17 and 10 respectively in 1932, occupied an intermediate position with 5 and 6 respectively in 1933. Thus, the Horn's Lane—Crook's Place—Surrey Road group which, in 1931, produced 28 cases and in 1932 31 cases, in 1933 only had 17, while the Wensum View—Nelson Street—Heigham Street group, the worst in the City in 1932 with 39 cases, only had 7.

The Health Committee continued to offer free immunization by means of leaflets issued to affected households, but the response continues very meagre.

Scarlet Fever. The slight rise of scarlet fever which occurred in 1932 was continued in 1933 with 219 cases, as compared with 155 cases in 1932. There were no deaths in 1933. The disease was particularly prominent in the last quarter of the year, and the prevalence is still being continued at the beginning of 1934. Horn's Lane School was the worst centre with 36 cases. The type of the disease showed some tendency to increased virulence.

Measles was quiet with 65 cases only. Of the 65, Lakenham had 25 and Surrey Road 29 within the last two months of the year, and formed the starting point of an outbreak which is being carried on in 1934. No school child died of measles.

Chicken Pox was rather prominent, but the Committee decided during the year to abolish the exclusion of contacts of chicken pox from the schools.

INFECTIOUS DISEASES IN SCHOOLS, 1933.

SCHOOLS.	Number on Roll.	DIPH- THERIA.			SCARLET FEVER.		MEASLES.		RUBELLA (German feases).		CHICKEN POX.		WHOOPI- NG COUGH.		CEREBRO- SPINAL FEVER.		MUMPS.
		Cases.	Carriers.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	
Angel Road ...	880	—	—	1	3	2	—	—	—	—	4	—	1	—	—	—	—
Avenue Road ...	858	2	2	7	9	11	—	—	—	—	2	—	6	1	—	—	39
Bull Close ...	965	2	—	3	3	6	—	—	—	—	7	1	—	—	—	—	21
Cavell ...	600	—	—	3	13	5	1	—	—	—	2	—	—	—	—	—	—
College Practising ...	280	12	8	3	2	1	—	—	—	—	3	—	1	—	—	—	13
Colman Road ...	866	10	4	21	8	19	—	1	—	—	90	27	—	2	—	—	8
Crook's Place ...	947	10	3	12	13	13	—	1	—	—	7	2	32	10	—	—	5
Crome Central ...	251	—	—	2	2	1	—	—	—	—	1	—	—	—	—	—	1
Dowson ...	1033	3	2	10	5	13	—	2	—	—	46	17	5	1	—	—	2
Heigham Street ...	401	1	1	6	2	2	—	—	—	—	5	1	2	1	—	—	8
Horn's Lane ...	377	2	2	6	36	16	2	2	1	—	33	1	14	—	—	—	1
Lakenham ...	664	3	—	3	3	6	25	1	—	—	1	1	23	—	—	—	—
Lakenham St. Mark's ...	843	3	1	6	7	14	3	—	1	—	—	—	15	—	—	—	—
Mile Cross ...	1085	3	1	6	6	8	—	—	—	—	51	2	2	1	—	—	—
Model ...	271	1	—	—	5	2	—	—	—	—	—	—	—	—	—	—	—
Mousehold ...	317	5	1	7	7	11	—	—	—	—	5	1	6	—	—	—	1
Nelson Street ...	1067	6	1	8	2	3	—	—	—	—	4	3	3	3	—	—	14
Old Meeting ...	78	—	—	—	2	1	1	—	—	—	1	1	7	—	—	—	2
Philadelphia ...	402	—	—	4	15	36	—	—	—	—	2	1	—	—	—	—	—

Pottergate ...	78	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Augustine's ...	960	—	1	1	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Giles' ...	88	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Paul's ...	172	1	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—
St. Peter Mancroft	92	—	—	—	8	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Saviour's	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Stephen's	91	—	1	—	7	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sprowston ...	97	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stuart Central	160	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Surrey Road ...	572	5	2	2	6	15	29	1	—	—	—	—	—	—	—	—	—	—	—	—
The George White	953	—	1	2	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Thorpe Hamlet	1224	6	2	10	18	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wensum View	877	—	3	4	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Willow Lane	560	—	4	5	16	23	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Blyth Secondary	536	—	—	2	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
City of Norwich	616	2	—	5	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Technical School	110	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Colman Road Open Air	289	1	—	4	2	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals for 1933	19655	80	40	150	219	276	65	8	2	—	—	—	—	—	—	—	—	—	—	—
" " 1932	19371	142	—	295	155	193	637	145	427	—	—	—	—	—	—	—	—	—	—	—
" " 1931	18865	77	—	174	73	97	6	7	57	27	506	108	157	21	4	12	—	—	—	—
" " 1930	18521	81	—	133	83	117	2098	383	11	2	268	57	114	18	—	—	—	—	—	—
" " 1929	18505	152	—	212	114	139	8	1	1	2	261	97	377	64	—	—	—	—	—	—
" " 1928	18469	84	—	112	156	163	5	1	2	—	626	206	21	3	—	—	—	—	—	—
" " 1927	18447	26	—	46	170	249	978	147	9	1	269	64	94	12	—	—	—	—	—	—

Owing to the absence of alastrim, chicken pox was not notifiable in 1933.

Whooping Cough. The schools were comparatively free of whooping cough, though Crook's Place had 32 cases and Lakenham 23. Prophylactic vaccination to volunteers continues to be offered and, as parents are realising the harmlessness of the procedure, it is slowly gaining in popularity. It is still too early, and we have not vaccinated enough cases, to be able to give any decision on its value, but up to the present its results are encouraging. The difficulty is to persuade parents to have this done when there is no whooping cough about. When the disease is fully established in a street or school it is too late for the procedure to be an absolute preventative, though it is possible that it attenuates the attacks. On this last point, it is almost impossible to get any evidence of real scientific value.

(9) Open Air Education.

(a) *Playground Classes.*—This subject was commented on in the report for last year. It was discussed by the Committee, who felt they could not take any special action at that time. The lack of special suitable equipment is a serious difficulty. For instance, one has seen dancing lessons taken in the school hall when the weather was very suitable for such a lesson to be taken outside. The difficulty in this case was that there was no piano outside, but if a piano could be furnished which could stand the variations in the weather such a class would have been of even more benefit to the children than it was. Perhaps the Committee will be able to see their way to purchase a suitable type of piano for one school as an experiment during the year.

(b) *Open Air Class Rooms in Public Elementary Schools.*—No provision has been made for “Open Air Class Rooms,” and it is of interest to note the obvious antithesis in the above term, because if it is a “room” it cannot be open air. There is a little confusion in this respect. Fresh air, which can be supplied in full quantity in a class room, is not to be confused with sunlight, which is very desirable for everybody in this climate, particularly for growing children, but is automatically cut out from any “room” or place with a roof. From a health point of view, a good share of direct sunlight is important, perhaps even more important than fresh air. With regard to the further question of the spread of infectious diseases particularly in the Infant Departments, in any “room” the children automatically have to be bunched together, and are within striking distance of the spread of any droplet infection. In the open air class, and in a really open air class room, this means of spread of infection should be minimised, and a very desirable experiment is to set up a thoroughly open air Infant Department in some new school to see whether that Department escapes over a period of years any of the waves of Infectious Disease which, owing to the impotence of our control efforts, are such a bugbear to us all.

(c) *School Journeys and Camps.*—Excursions are made at suitable seasons for the purpose of giving instruction in nature study. Each year a number of children are sent to the seaside by “Pearson’s Fresh Air Fund.” Each child is examined for uncleanness by one of the Medical Officers before departing. With the assistance of a grant from the Athletic Association, a

party of girls from Dowson Senior Girls' School spent a week-end at the Trimingham Camp. Parties of children from Sprowston Mixed School and Thorpe Hamlet Girls' School also spent week-ends there.

(10) **Physical Training.**—The School Medical Inspectors only give directions when, for medical reasons, physical training is not desirable, or only some special form.

EXTRACTS FROM THE REPORT OF THE ORGANISER OF PHYSICAL TRAINING.

Perhaps the most outstanding event of the year was the publication of the new Syllabus of Physical Training for Primary and Infant Schools by the Board of Education. Its influence has already been felt in the schools. The book is destined to have far-reaching effects on the health and physical efficiency of the children, by its emphasis on movement rather than on position. The syllabus has been written and illustrated in such a way that the teachers have shown great enthusiasm and keenness to make a start with the new type of work. Most of the schools were ready to begin as soon as the Syllabus was issued. Since its issue classes of instruction for teachers have been held and demonstrations have been given in most schools.

Posture.

The child must be taught to move easily, gracefully, and with economy of effort. It is doubtful whether this can be achieved in the limited time given to Physical Training. A definite improvement in carriage has been made, but unfortunately the standard is at present too low. The carriage of girls seems to have developed at a quicker rate than that of the boys, and this can be put down in part to the more

sensible type of dress worn. The difficulty of obtaining soft shoes seems to be gradually disappearing. The question of leaving off clothes during the lessons in Primary and Infants' Schools is a disturbing one. The biggest opposition comes from parents who are only too ready to lay the ailments of their children at the door of physical training. It seems necessary to rely on the judgment of the teachers and their ability and keenness to inculcate into the children a real love of activity in fresh air.

Physical Exercises.

Senior Schools.

The work in the Senior Boys' Schools has progressed favourably. A definite syllabus is in operation. Every teacher responsible for the physical training in Senior Boys' Schools has attended or is attending an instructional course.

In most of the Senior Girls' Schools the work is satisfactory, but the development is not so even as in the Boys' Schools.

Primary Schools.

Anticipating the introduction of the new Syllabus, a great deal of the work in the Primary Schools has been the strengthening of the organisation within the classes, in particular that of the Team System. There are still a number of classes in which the Team System is not yet thoroughly understood. If, as suggested in the new Syllabus, group work is attempted in the Infants' Schools there should be no problem of this type left for the Primary School in the future.

Infants' Schools.

Physical Training in Infants' Schools has undoubtedly improved. The supplies of apparatus have been revised, and during the following year will be brought up to a minimum standard. Balance benches of a special type have been supplied to each school.

Organised Games.

Efforts are being made to extend the number of schools already using playing fields. The major games introduced last year have been favourably received, and several playgrounds have been permanently marked out. It must be noted that the fields controlled by the Education Committee give more satisfaction than the others, which are mainly public parks. Eleven grounds were again in use, providing facilities for 31 departments.

The organisation of the Games lessons in Boys' Schools still needs attention. The tendency to play only football and cricket remains. During the summer some improvement was made, and rounders, baseball and stoolball were introduced. In the Senior Girls' Schools netball is the chief game, though hockey is now played in all but two schools. It has been decided to reserve the hockey for the Senior Schools, and to allow the Primary Schools to play shinty. Where it is impossible for a Primary School to attend a playing field, a similar playground game using a wooden disk instead of a ball will be encouraged.

Teachers' Courses.

The following courses of Instruction for Teachers have been held during the year :—

1. A course in Physical Training for Men Teachers continued from 1932. The course was well attended.

2. A short course in Swimming Instruction for Men Teachers (6 weeks). The numbers enrolled were not satisfactory.
3. A short course in Swimming Instruction for Women Teachers (6 weeks). Great keenness was shown by the women teachers.

The undermentioned courses were organised to give some fundamental training in the work of the new Syllabus. The response of the teachers to these classes deserved special mention.

4. A course in Physical Training for Men Teachers.
 5. A course in Physical Training for Women Teachers.
 6. A course in Folk Dancing.
 7. A course in Rhythmic Dancing for Teachers in Primary and Infant Schools.
- (N.B.—Courses 4, 5, 6 and 7 continuing in 1934.)

Swimming Instruction.

Instruction in Swimming commenced at the Eagle, Lakenham, and Wensum Baths on the 29th May and ended on the 22nd September, a period of 16 weeks. Instruction was given at the Lakenham and Wensum Baths by Instructors appointed by the Education Committee, and at the Eagle Bath by Corporation Bath Attendants. Mainly fine weather was experienced. As a result the work of the instructors was marked by a record average weekly attendance, a record number of children taught to swim, and the successful inauguration of classes in Advanced Instruction.

905 boys and 731 girls were under regular instructions at the baths. 24,084 attendances were made giving an average weekly attendance of 1505.

516 boys and 402 girls were successful in gaining the Education Committee's Beginners' Certificate by swimming a minimum distance of 17 yards.

An interesting feature of the Beginners' Classes was the award of colours to children as soon as they were able to swim defined distances :—5 yards, Yellow Ribbon; 10 yards, Green Ribbon; 17 yards, Red Ribbon.

A scheme of Advanced Instruction was introduced for Senior Schools. Instruction in Life Saving was given most attention, and the children were encouraged to enter examinations for the awards of the Royal Life Saving Society. 80 boys and 16 girls were examined, and of these 68 boys and 15 girls were awarded the Elementary Certificate, and 35 boys and 15 girls the Intermediate Certificate.

The following table summarises the results of the past four years :—

Year.	No. of Children attending Baths.		No. of Attendances.	Average Weekly Attendance.	No. of Beginners' Certificates Gained.	
	Boys.	Girls.			Boys.	Girls
1930 ...	537	448	8,842	631	277	230
1931 ...	1003	841	19,135	1125	223	115
1932 ...	753	656	18,283	1143	399	266
1933 ...	905	731	24,084	1505	516	402

The Swimming Clubs attached to the various schools co-operate closely with the Education Committee's instructors, and give valuable help and encouragement.

Folk Dancing.

Folk dancing continues to be taught along sound lines in most schools. The Primary Boys' Schools have now included dancing in their curriculums.

Demonstrations, Etc.

Demonstrations in Physical Training were attended out of school hours on two occasions by a large number of teachers.

Norwich Schools' Athletic Association.

The Schools' Athletic Association exists to foster a love of sport outside school hours. As the Association is closely related to the work of physical training the assistance given to the Organiser of Physical Training is considerable. The Association controls the activities of the Football, Cricket, Swimming, Hockey, Netball, and Athletic Sections. 36 departments have affiliated this year. An outstanding event in the year's activities was the series of displays of physical training and dancing given at the Annual Sports.

Football.

The newly formed Norfolk County School Boys Football Association has been strongly supported by the Section.

Cricket.

Midway through the season a City Team was formed and a few matches were played. It is hoped that season 1934 will see definite progress along this new line.

Swimming.

The Annual Sports were a great success, several records being broken.

Athletics.

No fewer than eight records were broken and two were equalled.

Hockey.

Wonderful progress has been made in the short time.

Netball.

The City Team was successful in winning the Junior Tournament arranged by the Norfolk County Netball Association.

(11) **Provision of Meals.**—The School Medical Officer visits the Dining Centres, advises on questions of diet, selects certain special cases for meals, and generally advises the Sub-Committee responsible for physical care of the children.

During the year under review 23,508 meals were provided for 202 children attending the Elementary Schools, and 656 meals to 7 scholars attending the Secondary Schools. In 1932, 22,508 meals were provided for 189 children. Children receiving meals are re-examined approximately every four months.

In some cases milk was recommended by the Medical Officers. These cases were referred either to the Public Assistance Department or the Invalid Children's Aid Association.

In a number of the schools children received milk by arrangements made between the Head Teachers and the parents.

(12) **Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.**

(a) *Medical and Dental Inspection.* Parents are encouraged to be present at all medical examinations of children, and the dental inspections carried out in the Infants' Schools. On the whole teachers are willing to facilitate the carrying out of the inspections as

much as possible, but in a number of schools they are inconvenienced owing to the lack of accommodation. (See page 11.) Notices are sent by them informing the parents of the time and place of the proposed inspections, and pointing out that their attendance at the examination is of great advantage to the Inspector and the child. Children who are sent to the School Dental Clinic by the Medical Officers, Head Teachers, School Nurses, etc., have to obtain the sanction, in writing, of the parents before treatment is carried out.

The following table shows the extent to which parents attended the routine medical inspections at the Elementary Schools:—

Group.	No. of Children examined.	Parents present. 1933.	Percentage of Parents present 1932.
Entrants ...	2143	1989 (92.8 %)	91.7 %
Intermediates ...	1638	1382 (84.4 %)	83.5 %
Leavers ...	1984	1172 (59.1 %)	57.9 %
Other Groups ...	3378	2306 (68.3 %)	66.3 %

At the Secondary Schools, of the 440 girls examined, parents were present with 258 or 58.6 %; with the boys 216 or 29.5 %. For the year 1932 these numbers were 61.8 % and 27.2 % respectively.

(b) *Following-up.* The teachers continue to maintain a very kindly supervision over their charges and devote a great deal of trouble to their health and welfare. They constantly direct the attention of the School Nurses to cases in which no treatment has been obtained, and not infrequently they communicate with me directly with reference to individual cases.

(c) *Medical and Dental Treatment.* Children suspected to have medical or dental defects are readily sent to the Clinics by the Head Teachers, for examination by the Medical and Dental Officers. School

Attendance Officers co-operate with the Health Visitors in obtaining treatment of defects revealed by medical inspection in the schools, when visiting homes, by advice and persuasion addressed to the parents. Cases who, in the opinion of the School Attendance Officers, apparently are needing medical or surgical treatment, and for whom this provision cannot be made by the parents, are sent to the School Medical Officer for special examination with a view to treatment.

The Invalid Children's Aid Association renders invaluable assistance in co-operating with the Authority, particularly with regard to the granting of extra nourishment in cases of debility, etc., in arranging for the supply of surgical boots, etc., to crippled children, and arranging for the admission of suitable cases to convalescent homes.

The Inspectors for the Prevention of Cruelty to Children have also rendered valuable assistance in cases where parents have not been ready to carry out the advice given by the Assistant School Medical Officers. Particulars of the cases dealt with by these Voluntary Associations are given on pages 12-13.

(13) **Blind, Deaf, Defective and Epileptic Children.** These are referred to the School Medical Officer from various sources—The Teaching Staff, School Attendance Officers and School Nurses; occasionally they are found at the school medical inspections. With regard to mentally defective children, only those children who have been examined and are suspected to be mentally defective by the School Inspector are referred to the School Medical Officer for further examination. Educable feeble-minded children are admitted to the Special School—other mentally defective children are referred to the Mental Treatment Committee.

Blind Children are admitted to Certified Schools on attaining the age of five years. During the year 2 girls left the East Anglian School, Gorleston. One was transferred to the Norwich Institution for the Blind, and the other was excluded for epilepsy.

At the end of the year 5 boys and 3 girls were at the East Anglian School. One boy, who is blind, hydrocephalic and epileptic, is attending no school.

Deaf and Dumb Children are admitted to Certified Schools on attaining the age of seven years. During the year 3 girls and 1 boy were admitted to the East Anglian School, Gorleston. 4 girls left the school. Of these, 1 (under seven years of age) was withdrawn by her parents and returned to an Elementary School. The other three obtained employment—2 with the Norwich Manufacturing Co., heel manufacturers, etc., and the other is in the Shoe Trade. 9 boys and 7 girls attended the school at the end of the year. All children who attend at the East Anglian School, Gorleston, are examined by the School Medical Officer before they return to it after holidays.

Epileptics are admitted to Certified Schools on obtaining the age of seven years. During the year 1 boy was excluded from Chalfont Colony, and subsequently notified to the Local Authority under the Mental Deficiency Acts. At the end of the year 1 boy was at Chalfont Colony and 2 girls were at Lingfield Colony.

Mentally Defectives. 19 boys and 12 girls were examined for mental deficiency. 4 boys and 5 girls were recommended for a Special Day School. 2 boys and 3 girls were recommended for a Special Class for Dull or Backward Children. 2 boys were allowed to continue at ordinary school, 1 of whom is to be re-examined after a period of six months. 9 boys and 3

girls (7 boys and 3 girls attending the Special Day School) were recommended for notification to the Local Authority under the Mental Deficiency Acts. 2 boys were recommended for admission to the Certified Day Open Air School. 1 girl was excluded from school until she attains the age of seven years.

(a) *Colman Road Open Air School (Special Department)*. During the year 7 boys and 7 girls were admitted to, and 7 boys and 9 girls left, this school. Of those leaving 7 boys and 3 girls were recommended for notification to the Local Authority under the Mental Deficiency Acts; 3 girls left the school for employment, all of whom entered the shoe trade. 3 girls left on removal to the County Area.

37 boys and 20 girls (including 3 boys and 3 girls recorded under the heading of "Children suffering from multiple defect," on page 60) were on the register on January 1st, 1934. The average attendance was 58. The Medical Inspector paid 9 visits to the school.

(b) *Residential Special Schools*. At the end of the year 3 boys were at Residential Special Schools:—1 at Petton Hall, 1 at Bryn School, Dolgelly, and 1 at Colchester.

OPEN AIR SCHOOL.

(a) *Mentally Defectives*. These are accommodated at the Open Air School in a Special Department, and are referred to above.

(b) *Physically Defectives*. The general arrangements at this school remain the same as reported in previous years, with the exception that ordinary milk was supplied for three months, the supply of Grade "A" milk not being up to standard. It is of interest to record that during the year 12 cwts. of malt and cod liver oil and 18 gallons of Parrishes' Chemical Food were given to the children of this school.

Children for whom the Medical Officers advise a period of stay at the Open Air School are referred to Drs. Riddel and Boston for final recommendation. Before being admitted children have their teeth inspected, and, if deemed necessary, are treated by the School Dental Officer. All children attending this school are examined weekly for uncleanness. The average attendance for the year was 195.4.

The Clinical Tuberculosis Officer and the Tuberculosis Health Visitor continued to observe the children whose admission to the school had been recommended by the Clinical Tuberculosis Officer, and as Dr. Riddel arranged the admission of all the other children, whether recommended from a physical or mental aspect, he continued to keep these under his supervision. One school nurse keeps all the children under supervision for cleanliness.

At the beginning of the year there were 106 children attending the school under Dr. Riddel's supervision, and during the twelve months 81 were admitted, including 15 re-admissions.

80 children were discharged, of whom 6 were withdrawn by parents, 54 discharged as fit for ordinary schools, and 12 left on attaining the age of 14 years. One girl was transferred to the Convalescent Home and 2 boys went to an orthopædic hospital. One boy and 2 girls left the City, 1 boy was transferred to the East Anglian School at Gorleston on account of defective vision and 1 boy was certified mentally defective.

The following Table shows the number of children under Dr. Riddel's supervision, who were discharged during the year.

			Boys.			
Disease.			Total Discharged.	Cured.	Improved.	No Change.
Malnutrition	...	...	25	14	10	1
Debility	...	...	22	17	4	1
Paralysis	...	...	3	—	1	2
Miscellaneous	...	...	5	3	1	1
Total			55	34	16	5

			GIRLS.			
Disease.			Total Discharged.	Cured.	Improved.	No Change.
Malnutrition	...	...	5	—	4	1
Debility	...	...	10	7	3	—
Defective Vision	...	...	5	1	1	3
Miscellaneous	...	...	5	3	2	—
Total			25	11	10	4

Children remaining were suffering from the following disabilities :—

Disease.			Boys.	Girls.
Malnutrition	...	...	24	22
Debility	...	...	21	14
Bronchitis	...	...	5	—
Defective Vision	...	...	1	4
Paralysis	...	...	3	4
Rheumatism	...	...	—	3
Scoliosis	...	...	2	1
Miscellaneous	...	...	3	—
Total			59	48

Of the 7 boys who were discharged on attaining the age of 14 years, 5 are employed as follows :—Boot-workers 2, Errand Boy 1, 1 is at a Cabinet Works and 1 with a Leather Company. 1 boy is unemployed and 1 returned to the school.

Of the girls who were similarly discharged, 2 are employed in a Boot Factory, and 1 in a Cracker Factory. 1 assists in the home and the other is unemployed.

The health of the 6 boys who left the school is reported to be good. The health of the girls in two cases is reported to be good, in two cases "fairly good," and in one case "poor."

During the year 83 boys and 67 girls came under the supervision of Dr. Boston at this School. 25 boys and 15 girls were admitted. 2 boys and 1 girl left on becoming 14 years of age. 22 boys and 18 girls were certified fit to attend ordinary school. 3 boys and 3 girls left at the parents' request, and 1 boy was removed from the register for non-attendance (in hospital). 1 girl left to attend the Blyth Secondary School, and 1 girl was discharged and is being taught by the Visiting Teacher.

In Dr. Boston's section the average gain in weight of 24 boys who were in attendance during the whole of the year was 6 lbs., and in 26 girls 6 lbs.

55 boys and 43 girls were attending the school on the 1st January, 1934, under the supervision of Dr. Boston.

The following is a summary of the cases admitted to the school on Dr. Boston's recommendation, during the year 1933 :—

	Boys.	Girls.
Debility with T.B. History	6	7
Debility with Bronchitis	3	1
Debility (Anæmia, Malnutrition, Rickets, etc.)	6	1
Non-Tuberculous Disease of Lungs	1	2
Enlarged Glands	5	1
T.B. Bones and Joints (healed or arrested)	1	1
Asthma	1	—
Hilar and Suspected T.B.	1	1
T.B. Abdomen	1	1
Total	25	15

The following cases were discharged during the year :—

	Boys.	Girls.
Debility with Recurrent Bronchitis ...	4	3
Enlarged Glands	5	3
Debility with T.B. History	8	8
Debility (Anæmia, Malnutrition, etc.) ...	5	8
T.B. Abdomen	2	—
Non-Tuberculous Disease of Lungs ...	3	1
Osteomyelitis	1	—
Lupus (healed)	—	1
Total ...	<hr/> 28 <hr/>	<hr/> 24 <hr/>

The following cases remained on the register on the 1st January, 1934 :—

	Boys.	Girls.
Debility with T.B. History	13	16
Debility with Recurrent Bronchitis ...	4	3
Debility (Anæmia, Malnutrition, etc.) ...	15	5
Non-Tuberculous Disease of Lungs ...	3	4
T.B. Abdomen	1	1
Enlarged Glands	6	5
T.B. Bones and Joints (healed or arrested)	7	4
Hilar and Suspected T.B.	5	4
Asthma	1	1
Total ...	<hr/> 55 <hr/>	<hr/> 43 <hr/>

Of the boys who were discharged on attaining the age of 14 years, one was employed as a Bootworker and one is learning Hairdressing.

The girl who was similarly discharged is employed in a Cardboard Box Factory.

The health of the above-mentioned children was reported to be good.

Orthopædic Defects. During the year 4 boys and 5 girls received treatment at Orthopædic Hospitals for the following defects under the Authority's arrangements :—

Boys—Spastic Paraplegia 1, Infantile Paralysis 1, Scoliosis 1, Scoliosis and Knock Knees 1:

Girls—Infantile Paralysis 1, Paralysis 1, Deformity of Forearm 1, Scoliosis 1, Congenital Dislocation of Hip and Talipes Equinus 1.

Those physically defective children who, in consequence of their disability, have to be taught by the Visiting Teacher, have been examined during the year by a Medical Officer. At the end of the year 12 boys and 8 girls were being taught by this Officer.

(14) Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

Suitable cases are referred to the Secretary for Education or are already under his supervision by attending an appropriate special school until attaining the age of 16 years. The cases are considered by the Higher Education Committee and sent to the most suitable Institution. At the end of the year 14 Students were receiving training at the Norwich Institution for the Blind—7 in Basketwork, 2 Mat-making, and 5 Machine Knitting. 1 person was receiving training in Basketwork at Leatherhead.

1 blind person completed training as an organist at The Royal Normal College for the Blind. 1 person ceased training as a mat maker at The Norwich Institution for the Blind on being found on re-examination to be not blind within the meaning of the Blind Persons Act. 1 blind person was dismissed from The Norwich Institution for misbehaviour.

2 Epileptics at Chalfont and 1 Physically Defective at Winchmore Hill, London, were receiving training.

(15) **Nursery Schools.** The Authority does not provide a Nursery School.

(16) **Secondary and Junior Technical Schools.**

Medical Inspection. There are two Secondary Schools—one each for boys and girls—and a Junior Technical School for boys. At the end of the year 616 and 536 scholars were attending the boys' and girls' schools respectively, and 110 boys were attending the Junior Technical School. The Authority has not yet provided any Day Continuation School. As far as possible efforts are made to examine these scholars during the first term after their admission to school and in each subsequent year during the period of their attendance after they attain the age of 12 years. The arrangements for carrying out medical inspection are similar to those which obtain in the Elementary Schools. It is not possible with the existing staff of Dental Officers to conduct inspection in these schools, but children who, in the opinion of the Medical Officers, need dental treatment can receive it at the Dental Clinic if the parents desire.

Following-up and Medical Treatment. The arrangements for the following-up of defects in children attending Elementary Schools also apply to those attending Secondary Schools. The Authority provides treatment for Minor Ailments at its Minor Ailments Clinic, which is held daily at the Offices of the Public Health Department; children with defective vision can also be seen there by the

oculist on the allotted days. Those needing operative treatment for tonsils and adenoids can obtain orders for admission to the Jenny Lind and Norfolk and Norwich Hospitals, where they can stay for 24 hours or longer, if necessary.

FINDINGS OF MEDICAL INSPECTION.

Defect or Disease.	Routine Inspections.	"Specials" at School or Clinic.	Total Defects.	Referred for Treatment.
Uncleanliness :				
Head	—	—	—	—
Body	—	—	—	—
Minor Injuries, Septic Sores, etc.	2	15	17	17
Tonsils and Adenoids ...	6	2	8	3
Other Diseases of the Nose and Throat	6	6	12	11
Tuberculosis :				
Pulmonary—Definite ...	—	1	1	1
Suspected ...	—	—	—	—
Non-Pulmonary	—	—	—	—
Skin Diseases	5	18	23	23
External Eye Disease ...	8	6	14	11
Vision and Squint	117	47	164	130
Ear Disease and Hearing ...	10	11	21	19
Dental Diseases	217	9	226	225
Crippling Defects, Deformities, etc.	44	7	51	49
Malnutrition	7	2	9	9
Enlarged Cervical Glands (Non-Tuberculous) ...	4	1	5	2
Defective Speech	2	—	2	—
Heart and Circulatory Diseases	14	7	21	16
Bronchitis	4	—	4	4
Other Non-Tuberculous Diseases of the Lungs ...	1	—	1	1
Diseases of the Nervous System	2	4	6	5
Other Defects and Diseases...	32	26	58	43

MEDICAL TREATMENT.

Defect or Disease	Referred for Treatment during 1933 and Treated	Cured	Referred for Treatment previously to but treated during 1933	Cured	Total Defects Treated	Total Defects Cured
Minor Injuries, Septic Sores, etc. ...	16	14	—	—	16	14
Tonsils and Adenoids ...	1	1	—	—	1	1
Other Diseases of the Nose and Throat ...	8	5	3	1	11	6
Tuberculosis:—						
Pulmonary—Definite	1	—	—	—	1	—
Non-Pulmonary ...	—	—	2	—	2	—
Skin Diseases ...	19	15	12	3	31	18
External Eye Diseases...	11	4	3	1	14	5
Vision and Squint ...	115	85	16	6	131	91
		(Glasses prescribed)		(Glasses prescribed)		(Glasses prescribed)
Ear Disease and Hearing	16	8	2	—	18	8
Dental Diseases ...	169	169	72	72	241	241
Crippling Defects, Deformities, etc. ...	41	2	56	18	97	20
Malnutrition ...	5	—	17	5	22	5
Enlarged Cervical Glands	2	1	1	—	3	1
Bronchitis ...	2	—	1	—	3	—
Other Non-Tuberculous Diseases of the Lungs	1	1	2	1	3	2
Defective Speech ...	—	—	7	1	7	1
Heart and Circulatory Diseases ...	12	4	15	9	27	13
Diseases of the Nervous System ...	2	2	7	1	9	3
Other Defects & Diseases	31	19	25	11	56	30

(17) **Parents' Payments.** Dental cases and cases of discharging ears in which no payment is made at the Clinic are referred to the School Attendance Officers. The financial circumstances of the parents are ascertained, and payment in accordance with the Committee's scale is demanded. These Officers also deal with cases in which dental mechanical work and operations for the removal of tonsils and adenoids have been carried out, and for which treatment for orthopædic defects has been given. Charges for the supply of spectacles are also made according to the

Committee's scale. The above-mentioned arrangements apply both to Secondary and Elementary scholars.

(18) **Health Education.** The Handbook of suggestions on Health Education is used by the teachers in the schools. Leaflets on the care of the teeth issued by the Dental Board of the United Kingdom are distributed to children when they leave school. During the year the Committee accepted the offer of the Dental Board to send free of charge a dental exhibit, accompanied by a trained demonstrator, to be shown to the older scholars. The exhibit consisted of models showing the structure of the teeth, their development, the progress of decay, examples of overcrowded and misplaced teeth, etc.

(19) **Special Inquiries.** No special inquiry was conducted during the year.

(20) **Miscellaneous.** A teacher in one of the Elementary Schools suffering from pulmonary tuberculosis, after receiving treatment in a Sanatorium, requested to be permitted to resume his duties. It was felt that this request could not be granted. The Board of Education was approached, and it was ruled that the only employment which could be regarded as suitable in his present state of health was in a Certified Open Air School or a Sanatorium for tuberculous children provided that he submitted a medical report to the Board to the effect that the disease from which he is suffering has become quiescent or that the Medical

Superintendent of the School could certify that his employment in it was not likely to prove injurious to him or the children under his charge. On the production of further satisfactory medical certificates, the Board will regard him as again being suitable to become a member of the staff of a Public Elementary School or other recognised school, but his continued recognition will be subject to reconsideration in the light of subsequent medical reports.

A medical certificate to the effect that the disease is quiescent was granted, and he has taken up duty at the Certified Day Open Air School.

ELEMENTARY SCHOOLS.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	2143
Intermediate	(2nd age group)	...	...	1638
Leavers	(3rd ,, ,)	...	...	1984

	Total	...	5765
Number of other Routine Inspections			3378

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	6839
,, ,, Re-inspections	...	...	21187
	Total	...	28026

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1933.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	Number of Defects.		Number of Defects.	
(1)	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ...	128	5	160	4
Uncleanliness:				
Head ...	168	—	225	—
Body ...	34	—	2	—
SKIN—				
Ringworm:				
Scalp ...	—	—	17	—
Body ...	1	—	40	—
Scabies ...	2	—	32	—
Impetigo ...	7	—	276	—
Other Diseases (Non-Tuberculous)	87	1	594	4
Minor Injuries,				
Bruises, etc. ...	2	—	593	1
Septic Sores ...	16	—	756	—

TABLE 2—*continued.*

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
EYE—				
Blepharitis ...	40	—	149	1
Conjunctivitis ...	2	3	93	1
Keratitis ...	1	—	6	—
Corneal Opacities ...	—	—	2	—
Corneal Ulcer ...	—	—	10	—
Defective Vision ...	428	146	402	25
Squint ...	82	24	86	11
Other Conditions ...	14	—	138	1
EAR—				
Defective Hearing...	20	3	16	17
Otitis Media ...	57	5	149	3
Other Ear Diseases	23	1	183	1
NOSE AND THROAT—				
Enlarged Tonsils ...	36	152	66	138
Adenoids ...	18	27	16	13
Enlarged Tonsils and Adenoids ...	38	47	138	19
Other Conditions ...	75	22	785	20
Enlarged Cervical Glands (Non- Tuberculous) ...	14	23	277	12
Defective Speech ...	11	20	10	13
TEETH—				
Dental Diseases ...	36	—	189	12
HEART AND CIRCULATION—				
Heart Disease:				
Organic ...	5	2	6	2
Functional ...	6	34	6	11
Anæmia ...	114	7	96	—
LUNGS—				
Bronchitis ...	68	17	92	4
Other Non-Tuber- culous Diseases...	13	6	136	1

TABLE 2—continued.

Defect or Disease. (1)	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring Obser- vation but not Treatment.	Requiring Treatment.	Requiring Obser- vation but not Treatment.
(1)	(2)	(3)	(4)	(5)
TUBERCULOSIS—				
Pulmonary :				
Definite ...	—	—	—	—
Suspected ...	—	—	—	—
Non-Pulmonary :				
Glands ...	1	—	10	—
Spine ...	—	—	1	—
Hip ...	—	—	—	—
Other Bones and Joints ...	—	—	1	—
Skin ...	—	—	—	—
Other Forms ...	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy ...	9	2	14	3
Chorea ...	9	2	21	8
Other Conditions ...	59	10	90	18
DEFORMITIES—				
Rickets ...	24	1	9	1
Spinal Curvature ...	15	7	4	1
Other Forms ...	40	14	51	8
Other Defects and Diseases ...	303	90	1631	113

B.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) ... 1541

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS—			
Entrants ...	2143	371	17.3
Intermediate (2nd age Group)	1638	329	20.1
Leavers (3rd ,, ,)	1984	276	13.9
TOTAL (CODE GROUPS) ...	5765	976	16.9
Other Routine Inspections ...	3378	565	16.7

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

	Children with Multiple Defect.	At the Special Day School for Mentally Defectives ... At no School or Institution ...	Boys.	Girls.	Total.
Blind (including partially blind).			3 1(+)	3 2	6 3(+)
	i. Children who are so blind that they can only be appropriately taught in a School for blind children.	At Certified Schools for the Blind At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	5 — — —	3 — — —	8 — — —
	ii. Children who have such power of vision that they can only be appropriately taught in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — 2 —	— 1 6 —	— 1 8* —
		At Certified Schools for the Deaf... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	9 — — —	7 — — 1	16 — — 1
		At Certified Schools for the Deaf or Partially Deaf ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — —	— — — —	— — — —
		At Certified Schools for the Deaf or Partially Deaf ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — —	— — — —	— — — —
Deaf (including deaf and dumb and partially deaf).	i. Children who are so deaf that they can only be appropriately taught in a School for the deaf.				
	ii. Children who can only be appropriately taught in a School for the partially deaf.				

*2 boys and 5 girls at the Open Air School.

TABLE 3.—continued

		Boys.	Girls.	Total.
Feeble-minded.	At Certified Schools for Mentally Defective Children ...	37	17	54*
	At Public Elementary Schools ...	—	1	1
	At other Institutions ...	—	—	—
	At no School or Institution ...	—	—	—
Mentally Defective.	(i.) Children incapable of receiving benefit or further benefit from instruction in a Special School:—			
	(a) Idiots ...	1	—	1
	(b) Imbeciles ...	2	1	3
	(c) Others ...	2	1	3
	(ii.) Children unable to be instructed in a Special School without detriment to the interests of other children:—			
	(a) Moral Defectives ...	—	—	—
	(b) Others ...	3	1	4
	Feeble-minded Children notified on leaving a Special School on or before attaining the age of 16 ...	2	2	4

*Child was permitted to attend an Elementary School on the advice of a Medical Officer of the Board of Education.

TABLE 3.—*continued*

		Boys.	Girls.	Total
Mentally Defective — <i>continued</i> .				
	Feeble-minded Children notified under Article 3 of the 1928 Regulations, <i>i.e.</i> , "Special Cir- cumstances" cases ...	—	—	—
	Children who, in addition to being mentally defective, were blind or deaf ...	—	—	—
Epileptics.	At Certified Special Schools ...	1	2	3
	At Public Elementary Schools ...	—	—	—
	At other Institutions ...	—	—	—
	At no School or Institution ...	2	—	2
Physically Defective	At Certified Special Schools ...	—	—	—
	At Public Elementary Schools ...	—	—	—
	At other Institutions ...	—	—	—
	At no School or Institution ...	—	1	1

TABLE 3.—*continued*

		Boys.	Girls.	Total.
Children suffering from non-pulmonary tuberculosis	At Certified Special Schools	12	11	23†
	At Public Elementary Schools	4	6	10
	At other Institutions	3	4	7§
	At no School or Institution	4	1	5†
Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools	92	70	162†
	At Public Elementary Schools	94	164	258||
	At other Institutions	—	—	—
	At no School or Institution	2	1	3†
Crippled Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools	7	4	11†
	At Public Elementary Schools	48	33	81
	At other Institutions	2	2	4§
	At no School or Institution	2	5	7†

Physically
Defective
—*continued.*

TABLE 3.—*continued*

		Boys	Girls	Total
Physically Defective — <i>continued</i> .	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.			
	At Certified Special Schools	1	1	2†
	At Public Elementary Schools	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	3	1	4†

†At the Certified Day Open Air School.

‡Being taught by the Visiting Teacher.

|| Includes 91 boys and 160 girls suffering from Rheumatic Affections.

§ At Institutions with Educational facilities.

TABLE 4.—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31ST DECEMBER, 1933.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for
which see Group 6).

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm—Scalp ...	40	—	40
Ringworm—Body ...	37	5	42
Scabies	35	1	36
Impetigo	278	10	288
Other Skin Diseases ...	570	154	724
MINOR EYE DEFECTS ...	355	137	492
(External and other, but excluding cases falling in Group 2).			
MINOR EAR DEFECTS ...	323	139	462
MISCELLANEOUS	1804	95	1899
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...			
TOTAL ...	2942	541	3483

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor
Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	By private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (in- cluding Squint.) (Oper- ations for Squint are recorded separately in the body of the Report).	953	10	4	967
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	—	—	—	—
Total	953	10	4	967

Total number of children for whom spectacles were prescribed :—

(a)	Under the Authority's Scheme	...	...	508
(b)	Otherwise	...	...	10
Total number of children who obtained spectacles :—				
(a)	Under the Authority's Scheme	...	...	511
(b)	Otherwise	...	...	8

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total					
(1)				(2)				(3)				(4)	(5)
(1).	(ii).	(iii).	(iv).	(i).	(ii).	(iii).	(iv).	(1).	(ii).	(iii).	(iv).	829	1083
24	6	164	—	20	7	30	3	44	13	194	3		

(i.) Tonsils only; (ii.) Adenoids only; (iii.) Tonsils and Adenoids;
(iv.) Other Defects of the Nose and Throat.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(1)	Number of children who received residential treatment, with education, under the Authority's scheme	...	...	...	...	9
(2)	Number of defects as defined under the heading "Deformities" in Table II. which were treated by :—					
	(a) Non-residential treatment under the Authority's scheme	...	...	...	...	15
	(b) Otherwise	...	...	...	...	190

GROUP 5.—DENTAL DEFECTS.

(1)	Number of children who were :—					
	(a) Inspected by the Dentists :—					
		Aged	5 years	...	649	
		"	6	"	...	666
		"	7	"	...	545
		"	8	"	...	656
		"	9	"	...	714
	Routine Age	"	10	"	...	773
	Groups	"	11	"	...	598
		"	12	"	...	677
		"	13	"	...	611
		"	14	"	...	89
					Total	5978

Specials	...	...	...	...	...	3228
GRAND TOTAL						9206
(b)	Found to require treatment	...	...	...	...	7528
(c)	Actually treated	...	...	...	...	5181
(d)	Re-treated during the year as the result of periodical examination [included in (c)]	...	...	...	...	604
(2)	Half days devoted to	{ Inspection Treatment	{ 72 851	Total	...	923
(3)	Attendances made by children for treatment	...	...	...	...	9000
(4)	Fillings	{ Permanent Teeth Temporary Teeth	{ 1257 12	Total	...	1269
(5)	Extractions	{ Permanent Teeth Temporary Teeth	{ 2488 8515	Total	...	11003
(6)	Administrations of general anæsthetics for extractions	...	...	...	...	4502
(7)	Other Operations	{ Permanent Teeth Temporary Teeth	{ 694 37	Total	...	731

GROUP 6.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Average number of visits per school (department) made during the year by the School Nurses	...	3
(2)	Total number of examinations of children made in the Schools by School Nurses	... 37531	
(3)	Number of individual children found unclean	... 1319	
(4)	Number of children cleansed (voluntarily) under arrangements made by the Local Education Authority	... .. 31	
(5)	Number of cases in which legal proceedings were taken :—		
	(a) Under the Education Act, 1921	... Nil.	
	(b) Under School Attendance Bye-laws	... 6	

SECONDARY SCHOOLS.

TABLE 1.—NUMBER OF CHILDREN INSPECTED DURING THE
YEAR ENDED 31ST DECEMBER, 1933.

A.—ROUTINE MEDICAL INSPECTION.

Age	11	12	13	14	15	16	17	18	19	Grand Total
Boys	84	133	202	116	127	50	11	5	4	732
Girls	83	72	72	83	67	40	12	10	1	440
Totals	167	205	274	199	194	90	23	15	5	1172

B.—OTHER INSPECTIONS.

	Number of Special Inspections.	Number of Re-inspections.
Boys ...	69	460
Girls ...	73	390
Totals ...	142	850

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1933.

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	7	—	2	—
Uncleanliness :				
Head	—	—	—	—
Body	—	—	—	—
SKIN—				
Ringworm :				
Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	2	—
Other Diseases (Non-Tuberculous)	5	—	16	—
Septic Sores ...	2	—	4	—
Minor Injuries, Bruises, etc. ...	—	—	11	—
EYE—				
Blepharitis ...	4	1	1	1
Conjunctivitis ...	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities ...	—	—	—	—
Corneal Ulcer ...	—	—	—	—
Defective Vision ...	82	31	44	1
Squint	4	—	—	2
Other conditions ...	3	—	3	1
EAR—				
Defective Hearing ...	2	—	1	1
Otitis Media ...	3	1	3	—
Other Ear Diseases...	4	—	6	—
NOSE AND THROAT—				
Enlarged Tonsils ...	—	4	—	1
Adenoids	—	—	1	—
Enlarged Tonsils and Adenoids ...	2	—	—	—
Other conditions ...	6	—	5	1

TABLE 2—continued.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	Number of Defects.		Number of Defects.	
(1)	Requiring Treatment.	Requiring Observation but not Treatment	Requiring Treatment.	Requiring Observation but not Treatment.
	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (Non-Tuberculous)	1	3	1	—
Defective Speech	—	2	—	—
TEETH—				
Dental Diseases	216	1	9	—
HEART & CIRCULATION—				
Heart Disease :				
Organic	—	2	1	—
Functional	1	3	—	—
Anæmia	8	—	6	—
LUNGS—				
Bronchitis	4	—	—	—
Other Non-Tuberculous Diseases	1	—	—	—
TUBERCULOSIS—				
Pulmonary :				
Definite	—	—	1	—
Suspected	—	—	—	—
Non-Pulmonary :				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy	—	—	—	—
Chorea	—	—	2	1
Other conditions	2	—	1	—
DEFORMITIES—				
Rickets	—	—	—	—
Spinal Curvature	5	—	2	—
Other Forms	37	2	5	—
Other Defects and Diseases	19	13	24	2

B.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) ... 182

C.—Number of INDIVIDUAL CHILDREN in "B" who received Treatment (excluding Specials, Uncleanliness and Dental Diseases) ... 150

TABLE 4.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1933.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group 6).

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm—Scalp	—	—	—
„ Body	—	—	—
Scabies	—	—	—
Impetigo	3	—	3
Other Skin Diseases ...	17	11	28
MINOR EYE DEFECTS			
(External and other, but excluding cases falling in Group 2.)	7	7	14
MINOR EAR DEFECTS ...	7	9	16
MISCELLANEOUS—			
(e.g., Minor injuries, bruises, sores, chilblains, etc.) ...	13	3	16
TOTAL ...	47	30	77

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group 1.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	By private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). (Operations for Squint are recorded separately in the body of the Report)	129	—	2	131
Other Defect or Disease of the eyes (excluding those recorded in Group 1)	—	—	—	—
Total ...	129	—	2	131

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	89
(b) Otherwise ... ..	...	2

Total number of children who obtained spectacles :—

(a) Under the Authority's Scheme	...	78
(b) Otherwise ... ..	...	3

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
*1	—	1	11	12

*Adenoids only.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

- | | | |
|-----|---|------|
| (1) | Number of children who received residential treatment, with education under Authority's Scheme | Nil. |
| (2) | Number of defects as defined under the heading "Deformities" in Table II., which were treated by :— | |
| | (a) Non-residential treatment under the Authority's Scheme | Nil. |
| | (b) Otherwise | 97 |

GROUP 5.—DENTAL DEFECTS.

- | | | |
|-----|---|------|
| (1) | Number of children who were :— | |
| | (a) Inspected by the Dentists :— | |
| | Routine Age Groups | Nil. |
| | Specials | 209 |
| | GRAND TOTAL | 209 |
| | (b) Found to require treatment | 207 |
| | (c) Actually treated | 207 |
| (2) | Half-days devoted to { Inspection. Nil.
Treatment. None especially.
Secondary Scholars are treated with
Elementary Scholars. | |
| (3) | Attendances made by children for treatment | 563 |
| (4) | Fillings { Permanent Teeth 223
Temporary Teeth — } Total | 223 |
| (5) | Extractions { Permanent Teeth 225
Temporary Teeth 39 } Total | 264 |
| (6) | Administrations of general anæsthetics for extractions | 140 |
| (7) | Other Operations { Permanent Teeth 62
Temporary Teeth 6 } Total | 68 |

GROUP 6.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- | | | |
|-----|--|------|
| (1) | Total number of visits to School (girls) made during the year by the School Nurses | 6 |
| (2) | Total number of examinations of children made in the Schools by School Nurses | 1516 |
| (3) | Number of individual children found unclean | Nil. |
| (4) | Number of children cleansed under arrangements made by the Local Education Authority | Nil. |
| (5) | Number of cases in which legal proceedings were taken :— | |
| | (a) Under the Education Act, 1921 | Nil. |
| | (b) Under School Attendance Bye-laws | Nil. |

GROUP 7.—TREATMENT OF ALL OTHER DEFECTS.

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Malnutrition	7	15	22
Defective Hearing	—	2	2
Enlarged Cervical Glands (Non-Tuberculous)	1	2	3
Defective Speech	7	—	7
Heart and Circulation	4	23	27
Bronchitis	—	3	3
Other Non-Tuberculous Diseases of Lungs	—	3	3
Pulmonary Tuberculosis:—			
Definite	—	1	1
Suspected	—	—	—
Non-Pulmonary Tuberculosis	1	1	2
Nervous System	—	9	9
Other Defects and Diseases ...	3	53	56
TOTAL ...	23	112	135

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE 4
(Groups 1, 2, 3, 4, 5 and 7.)

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Minor Ailments	47	30	77
Visual Defects	129	2	131
Defects of Nose and Throat ...	4	8	12
Deformities	—	97	97
Dental Defects	207	34	241
Other Defects	23	112	135
TOTAL ...	410	283	693

